

# PROGRAM REGISTRATION FORM

(Please Print and Fill Out Completely)

Resident Registration begins  
Wednesday, September 6th

Please fill out the Registration Form completely. All pertinent information is needed to register. Forms that are not properly filled out will be returned. Mail in or Drop off the Registration Form with payment in full to the Darien Parks and Recreation Department. Checks should be made out to the *Town of Darien*.

Registration Forms and Payment mailed to:  
(Mailing in form does not guarantee enrollment)

Darien Parks and Recreation Department  
Town Hall, 2 Renshaw Road  
Darien, CT 06820

Parent Last \_\_\_\_\_ Parent First \_\_\_\_\_

PO Box \_\_\_\_\_ Street # \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home email \_\_\_\_\_

Participant Name	M/F	DOB	Age	Grade	Course #	Program Name (note fall/winter)	Time/Day	Fee

Resident registration begins September 6th

Total Fee \$

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
(Someone other than the parent/guardian)

Allergies/Medications \_\_\_\_\_

Please advise us of any special needs of program participants: \_\_\_\_\_

Other Information/Comments \_\_\_\_\_

Waiver of Town Liability: I understand that injuries are inherent with recreational activity. In the event that an injury occurs to myself or family members, I agree to hold the Darien Park and Recreation Department, Darien Park and Recreation Commission, and any other person or contractor connected therewith the Town of Darien, harmless from all claims for bodily injury and property damage arising from the use of Town facilities, participation in Town activity or use of Town equipment during the course of a Town of Darien sponsored activity.

Photo Policy: By registering for a program, you give the Darien Parks and Recreation Department permission to take and publish photos of you/your child participating in the program. If you do not wish to be photographed, you must include this request in writing along with your registration.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

Total Fee \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Staff Initials \_\_\_\_\_ Date \_\_\_\_\_